

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5	
1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE07-00-D-M001			2. DELIVERY ORDER/CALL NO. 0261		3. DATE OF ORDER/CALL (YYYYMMDD) 2004JAN14		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4		
6. ISSUED BY TACOM WARREN BLDG 231 AMSTA-AQ-ALDA DIANA WEND (586)574-6790 WARREN, MICHIGAN 48397-5000 EMAIL: WENDDI@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE W56HZV		7. ADMINISTERED BY (If other than 6) DCMA HUNTSVILLE BIRMINGHAM GROUP BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376			CODE S0101A		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR CAMBER CORPORATION 635 DISCOVERY DR NW HUNTSVILLE, AL. 35806-2801 NAME AND ADDRESS TYPE BUSINESS: Large Business Performing in U.S.			CODE OMWW4		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15			14. SHIP TO SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264		
16. TYPE OF ORDER			DELIVERY/ CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.						
PURCHASE			<input type="checkbox"/> Oral <input type="checkbox"/> Written		Quotation _____, Dated _____.						
					furnish the following on terms specified herein.						
					ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.						
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		SEE SCHEDULE CONTRACT TYPE: Cost-Plus-Fixed-Fee KIND OF CONTRACT: System Acquisition Contracts									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA BARBARA ANN FIANTACO /SIGNED/ FIANTACB@TACOM.ARMY.MIL (586)574-7041 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$49,999.67	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED					26. DIFFERENCES						
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER	
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0261 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

SUPPLEMENTAL INFORMATION

PROGRAM: OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES

CONTRACT: DAAE07-00-D-M001/0261 OPT 5

PURPOSE OF ORDER: EXERCISE OPTION 5 FOR 457 HOURS

CURRENT AMOUNT: \$.00

THIS CHANGE \$49,999.67

TOTAL AMOUNT \$49,999.67

1. This action is Task Order number 0261 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to exercise option for 457 hours pursuant to Special Provisions H.1.5. This order will provide software support to PM-FCS.
3. This is a unilateral order for 457 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$49,999.67. This includes \$49,744.47 cost and \$255.20 fixed fee.
4. The Contractor shall perform this order 0261 in accordance with the Scope of Work in Section C and Work Directive CAM-261.
5. The period of performance is date of award through 30 Sep 04.

6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

- a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
- b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: CAMBER CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	SECURITY CLASS: Unclassified				
0001AA	<div>SERVICES LINE ITEM</div> <div>NOUN: FY04 SOS ENG CEBASE SPT CONT PRON: BU4GFEC2BU PRON AMD: 01 ACRN: AA AMS CD: 654645F5700 NOUN: To provide software Support to PM-FCS Level of Effort: 457 man hours WD: CAM-261 Estimated Cost: \$49,744.47 Fixed Fee: \$ 255.20 Total Estimated Cost: \$49,999.67 </div>				

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0261 MOD/AMD	Page 4 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-261 is date of award thru 30 SEP 04.

*** END OF NARRATIVE F 001 ***

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

PRON/									JOB			
LINE	AMS	CD/	OBLG						ORDER	ACCOUNTING		OBLIGATED
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0001AA	BU4GFEC2BU	AA	2	21	42040000045R5R06P654645255Y	S20113			4GFEC2	W56HZV	\$	49,999.67
	654645F5700											
										TOTAL	\$	49,999.67
SERVICE									ACCOUNTING		OBLIGATED	
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>					<u>STATION</u>	<u>AMOUNT</u>			
Army		AA	21	42040000045R5R06P654645255Y	S20113			W56HZV	\$	49,999.67		
									TOTAL	\$	49,999.67	